



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Ageishi Narutoshi et al.

Serial No.: 09/745,142

Filed: December 20, 2000

For: VIDEO EDITING SYSTEM

Patent Examiner: Vent, Jamie J.

Group Art Unit: 2616 **RECEIVED**

OCT 25 2004

October 14, 2004 Technology Center 2600

Irvine, California 92614

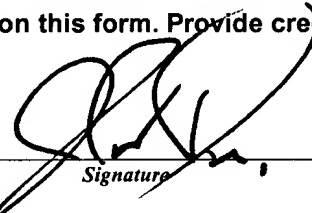
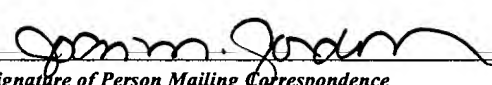
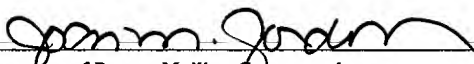
RESPONSE TO RESTRICTION REQUIREMENT

Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Restriction Requirement of September 22, 2004, please consider the following:

2616
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AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. 62478-4100	
Applicant(s): Ageishi Narutoshi et al.					
Application No. 09/745,142	Filing Date December 20, 2000	Examiner Vent, Jamie J.	Customer No. 21611	Group Art Unit 2615	Confirmation No. 7208
Inventor: VIDEO EDITING SYSTEM			<div style="text-align: right;">RECEIVED OCT 25 2004 Technology Center 2...</div>		
<div style="text-align: center;"> COMMISSIONER FOR PATENTS:</div>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	8 -	25 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	3 -	12 =	0 x	\$88.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<div><input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 19-2814 <div><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</div> <input type="checkbox"/> Payment by credit card. Form PTO-2038.</div>					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
<div style="text-align: center;"> _____ Signature</div>			Dated: October 14, 2004		
Joseph W. Price Reg. No. 25,124 Snell & Wilmer LLP 1920 Main Street, Suite 1200 Irvine, CA 92614 Tel: 949-253-4920 Fax: 949-955-2507			<div style="border: 1px solid black; padding: 5px;"><p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on</p><p style="text-align: center;">October 14, 2004 (Date)</p><div style="text-align: center;"> _____ Signature of Person Mailing Correspondence</div><p style="text-align: center;">Joan M. Gordon Typed or Printed Name of Person Mailing Correspondence</p></div>		
CC:					